

Grievance lodgement form

This form is to be completed by the worker or a third party on behalf the worker to lodge a grievance in relation to the Pacific Australia Labour Mobility (PALM) scheme. Once you have completed the form please email (palm@dewr.gov.au).

Grievances can also be submitted by calling the PALM scheme support service line on 1800 51 51 31. Please note this line is monitored 8.30 am - 6.30 pm AEST. Calls made outside of these hours should be for critical incidents only.

Has there been an attempt to resolve the issue/s or concern/s with the approved employer (if applicable)?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please provide details:</p>
Worker details	
Name of worker:	
Nationality of worker:	
Worker contact details:	
PALM scheme employer name, including host site if applicable:	
Details of other workers related to this grievance (if applicable), including names, contact details and nationality:	
Details of grievance	
<p>Please provide a summary of the grievance.</p> <p>Summary should include as much information as possible, including: work location, workers involved and dates of event/s:</p>	
Can you provide evidence to support the grievance?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide relevant evidence - for example payslips, emails, photographs or other media.</p> <p>If no, please provide details:</p>

<p>Are there any person/s in any immediate danger?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, have you reported it to the police or other appropriate authority?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide details below.</p>
<p>Have you raised the issue with anyone else (for example union representative or country liaison officer)?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide details:</p>
<p>Do you consent to the Department of Employment and Workplace Relations disclosing your name to the approved PALM scheme employer?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Details of person reporting the grievance	
Name:	
Organisation (if applicable):	
Phone number:	
Email address:	
Best time to contact:	
If lodging on behalf of a worker:	
What is the relationship between the person lodging this grievance and the worker?	
Do you have consent to act on behalf of the worker?	

